

**Bureau of Land Management
Fitness Center Membership Fee Reimbursement Program
Informed Consent and Waiver Form**

I wish to participate in the Bureau of Land Management's Fitness Center Membership Fee Reimbursement Program. I agree to abide by BLM's rules and regulations and understand that violation of the rules will result in withdrawal of the taxable reimbursement available to me.

I realize that there are dangers whenever one is engaged in physical activity. I therefore accept all responsibility and assume the risk of injury or damage to my person that may arise, whether directly or indirectly, as a result of my participation in my fitness program.

I hereby release and hold harmless from any liability whatsoever the Bureau of Land Management or the Department of the Interior, as well as its supervisors and representatives. I have been advised that a medical examination is recommended prior to engaging in a fitness program and that I am financially responsible for that medical examination.

I certify that I have read the contents of this Consent and Waiver Form, understand its contents, and agree to the above terms and conditions.

Employee Name (PRINT): _____

Fitness Center Name: _____

Fitness Center Address: _____

Fitness Center Telephone Number: _____

Employee Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Submit original to Human Resources Management.